

Attachment D: State Quality Assurance/Utilization Review

(While QA process is required, this format is optional.)

State Quality Assurance/Utilization Review Monitors for Key Aspects of PCS DMA Utilization Review Tool			Agency: Auditor:		Date: Sample Size:										
Goal: notes desirable outcome Ut: unacceptable threshold; PI reports * at DMA validation review															
Area of Review	Answer	Goal	Q1: (date)		Q2: (date)		Q3: (date)		Q4: (date)						
1. Performance Improvement Program															
1a. Agency (self-audit) record reviews are current and within policy guidelines.	__ Yes __ No	G 100% Ut 80%													
1b. Agency plan of correction (if indicated) is implemented.	__ Yes __ No	G 100% Ut 90%													
1c. Agency complaint management system is current and implemented.	__ Yes __ No	G 100% Ut 80%													
Area of Review	Answer	Goal	MID/Initials	MID/Initials	MID/Initials	MID/Initials	MID/Initials	MID/Initials	MID/Initials	MID/Initials	MID/Initials	MID/Initials	MID/Initials	Total %	
2. RN Assessment /Authorization for Services															
2a. PCS PACT documents medical condition related to need for PCS.	__ Yes __ No	G 100% Ut 70%													

**Division of Medical Assistance
Personal Care Services**

**Clinical Coverage Policy No.: 3C
Original Effective Date: October 1, 2001
Revised Date:**

2b. Deficits in activities of daily living (ADL) (mobility, eating, bathing, dressing, toileting, and continence) are supported by the medical condition and the assessment.	__Yes __No	G 100% Ut 70%												
2c. Recipient rights reviewed and documented.	__Yes __No	G 100% Ut 70%												
2d. PCS PACT signed by physician within 60 days of the verbal or recorded order.	__Yes __No	G 100% Ut 70%												
2e. PCS PACT/assessment completed by PCS certified RN	__Yes __No	G 100% Ut 70%												
3. Plan of Care														
3a. Days and hours are consistent with and based on identified needs (follows time and task guidance and exceptions are documented).	__Yes __No	G 100% Ut 70%												
3b. Plan of care based on ADL deficits/identified needs/tasks and are included in the plan.	__Yes __No	G 100% Ut 70%												
3c. Instrumental ADL/s (IADL/s) based on medical condition/ADLs/identified needs.	__Yes __No	G 100% Ut 70%												
4. Service Notes														
4a. Tasks in plan of care are documented on daily service notes and any deviations to the plan or schedule are documented.	__Yes __No	G 100% Ut 70%												
4b. IADL task time does not equal or exceed ADL &/or Delegated Medical Monitoring task time as documented in the daily service notes. (ADL, personal hygiene, & DMM time must exceed IADL task time on a weekly basis)	__Yes __No	G 100% Ut 70%												
4c. Times/days on service notes match plan of care/authorization and any deviations are documented.	__Yes __No	G 100% Ut 70%												

5. Service Management													
5a. Recipient satisfaction/perception of services documented.	__Yes __No	G 100% Ut 70%											
5b. Supervision is timely (not to exceed 90 days and unplanned lapses).	__Yes __No	G 100% Ut 70%											
5c. Supervision meets standards: condition, continued service need, update plan as needs change.	__Yes __No	G 100% Ut 70%											
5d. Follow up to complaints is conducted in accordance with Division of Facility Services (DFS) requirements and agency policy.	__Yes __No	G 100% Ut 90%											
5e. Discharge/reason and needs noted, if applicable	__Yes __No	G 100% Ut 70%											
5f. Discharge notice given (48 hours), if applicable.	__Yes __No	G 100% Ut 80%											
6. Finance/Billing													
6a. Services billed reconcile with authorized and provided services.	__Yes __No	G 100% Ut 70%											
6b. Cost reports are complete and submitted timely to DMA.	__Yes __No	If no, penalty may apply											
7. Medicaid Provider Enrollment													
7a. Authorization signature is current and on file with DMA.	__Yes __No												
7b. Changes in address/phone/leadership reported to DMA.	__Yes __No												

7d. Individual provider number used for each licensed site.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. System Performance			
8a. DFS license is current and valid.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, not eligible provider	
8b. Audits reviewed and in good standing or plan of correction implemented, if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No		